

# EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box LOCK is OPENED for ballot transport~

**At Location**

**Election Type:** General Election

**Election Date:** 11/08/2022

**Name of Location:** MARICOPA COUNTY JUVENILE COURT - DB - VC# 15734

**BOX** 1 **OF** 3

**Arrival Time:** 10:37

**Were there ballots to be picked up?**



**YES** <If YES, complete lines 1-5



**NO** <If NO, complete lines 2-5

**Completed Forms picked up?**



**YES**



**NONE**

**1) Red Box Seals #**

IS22005464

**&**

IS22005463 & IS22005436

<Indicate the seal numbers that were placed on ballot transport box

**2) Ballot Box Sealed/Checked on (Date)**

11/5/22

**(Time)** 10:39

<Date and time box was sealed/checked

**3) Location Staff Member (Signature)**

N/A

**4) Transport Staff Member (Signature)**

**5) Transport Staff Member (Signature)**

**Departure Time:** 10:45

## Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

**Receiving Agent (Signature)**

[Signature]

Sign to acknowledge receipt from Transport Staff Member

**Date/Time:**

11/5/22 5:01

Date of Audit Match

**Ballot Box Seals #**

IS22005464 & IS22005463

<If applicable, verify the seal numbers on the box match the above from location

**Count of Ballots in Transport Bin #**

511

G-511 W-2

**Audit Agent (Signature)**

[Signature]

Sign to affirm seal #'s match or that no ballots were to be picked up

**Date/Time:**

11-5-22

Date of Audit Match

5:06 pm

